ATENT	APPLIC	ATION	FEE	DETERMIN	IATION	RECORD

Effective October 1, 2001

CLAIMS AS FILED - (Column			(Column 2)			SMALL ENTITY TYPE		OR	OTHER THAN			
TOTAL CLAIMS		8					RATE	FEE		RATE	FEE	
FOR		NUMBER FILED		NUMBER EXTRA			BASIC FEE	370.00	OR	BASIC FEE	740.00	
TOTAL CHARGEABLE CLAIMS			/ minus 20= *		•			X\$ 9=		OR	X\$18=	
INDEPENDENT CLAIMS) minus 3 =		• -			X42=		OR	X84=	
MULTIPLE DEPENDENT CLAIM PRESENT							+140=		OR	+280=		
* If the difference in column 1 is less than zero, enter "0" in column 2					olumn 2		TOTAL		OR	TOTAL	740	
6390 CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)							SMALL E	ENTITY	OR	OTHER SMALL		
ř	71	(Column 1) Claims		(Colui	mn 2) HEST	(Column 3)	1 6	OWALL	ADDI-) 	OINTEE !	ADDI-
AMENDMENT A		REMAINING AFTER AMENDMENT			IBER OUSLY FOR	PRESENT EXTRA	$\ \cdot \ $	RATE	TIONAL FEE		RATE	TIONAL FEE
NOW	Total	* 8	Minus	** <	20	= /		X\$ 9=	,	OR	X\$18=	
AME	Independent	* 2	Minus	***	<u> </u>	= /		X42=		OR	X84=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						' [+140=.		OR	+280=		
						L.	TOTAL ADDIT, FEE		OR	TOTAL ADDIT, FEE		
		(Column 1)		(Colu	mn 2)	(Column 3)				•		
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		NUM PREVI	HEST IBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
POM	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
ME	Independent	*	Minus -	***		=]	X42=		OR	X84=	
Ľ	FIRST PRESE	NTATION OF MI	JLTIPLE DEF	ENDEN	TCLAIM		┚┃	+140=		OR	+280=	
							ı	TOTAL			TOTAL	
							,	ADDIT. FEE		OR	ADDIT. FEE	
	,	(Column 1)	ت المحادث و المستنبع و		mn 2)	(Column 3)	L -					
ENT C		CLAIMS REMAINING AFTER AMENDMENT		NUA PREVI	HEST MBER IOUSLY DFOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE	٠.	RATE	ADDI- TIONAL FEE
AMENDMENT C	Total	*	Minus	##		•	┨┨	X\$ 9=		OR	X\$18=-	
	Independent	*	Minus	***			┨┃	X42=		OR	X84=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						J	+140=			+280=		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.							TOTAL	- 1	OR OR	TOTAL		
The "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***********************************												

FORM PTO-875 (Rev. 8/01)

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